

TBI HOPE & INSPIRATION

Magazine

Second Chance

A Soldier's Story

5 THINGS

Every Survivor Wants
You to Understand

HOW I LEARNED TO
FIGHT WITH MY UNDERWEAR
And Win!



Photo Contest
Details Inside!



TBI Hope &
Inspiration
MAGAZINE

*Serving All Impacted by
Traumatic Brain Injury*

May 2015

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Welcome

This month marks an amazing three months since our premier issue, and what a three months it's been! A heartfelt thank you to our writers. Without you, there would be no publication.

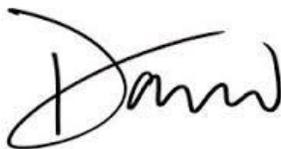
Readers from around the world have reached out in appreciation - many finding the end of TBI isolation in the stories shared in our publication.

We have a lot of exciting plans to share as the year continues its inevitable march forward. This month, we have our first reader contest - the first of many we have planned for this upcoming year.

Moving forward, we are exploring a new web-based format for our publication to create the look and feel of an actual print publication.

There is a seemingly endless list of tasks at hand, all with one core objective: to provide all impacted by traumatic brain injury with quality content that can improve the quality of life.

If you have a suggestion about how we can improve our publication, please feel free to email me personally at david@tbihopeandinspiration.com. In the meantime, it is our continued hope that you find our publication helpful to you in your own personal journey.



David A. Grant
Publisher

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Miracles Happen

By Jennifer White

On July 28, 2000, I went from being an executive at a marketing company who serviced a number of national nonprofit organizations to an unemployed housewife in a period of 24 hours. The cause: an intracerebral hemorrhage on my brain stem.

Living in a downtown apartment in Atlanta, GA, I lost consciousness and subsequently called 911. After speaking with an emergency operator who tried to calm me down by telling me I wasn't dying, I was rushed to a hospital via ambulance where I did die and was resuscitated en-route to the emergency room.

The final diagnosis was severe coma in the presence of a massive interventricular hemorrhage. On July 28, 2000, I had a right frontal ventriculostomy to eradicate the blood clot that sat on my brain stem, a sub occipital craniotomy to evacuate the hematoma and duraplasty. I then had a ventriculoperitoneal shunt performed. I was intubated on the ride to the hospital and was admitted to the emergency room without brain stem reflexes.

The surgeon drilled a hole in my head to eradicate the blood that sat on my brain stem. My husband was told that I only had a 4% chance of survival. Following the surgeries, a feeding tube was placed. Due to right lower lobe pneumonia I was treated with multiple intravenous antibiotics. Six days later the



pneumonia started to clear and I was being weaned off of the ventilator that I was placed on, that was keeping me alive.

As the pneumonia cleared and I started tolerating procedures more so than the days before, speech, occupational and physical therapy staff were asked to evaluate me for possible rehab. On the 18th hospital day, I was transferred from ICU to a bed on the hospital floor. On the 25th hospital day I was transferred to the acquired brain injury unit

“Cognitively I was a different person. I could no longer work and was placed on long term disability.”

at a local rehab center where I was in stable condition but definitely not out of the woods. I was in rehab for several months where I had to relearn how to walk, talk, eat, swallow, and perform simple tasks.

I also had to learn how to lean on others for help - one thing I was always too proud to do prior to the hemorrhage. Cognitively I was a different person. I could no longer work and was placed on long term disability. I really wanted to work however. I yearned for the day that I had to develop an annual marketing and budget plan for my clients or travel to a dozen different states pitching a new fundraising idea.

In a period of 24 hours my future was determined for me. The days of easily navigating my life had ended with my traumatic brain injury. I now had to seriously think about every step I take since my balance has been negatively impacted. My sequencing ability had been seriously compromised as I frequently asked myself what goes first - socks or shoes? Shampoo or conditioner? I took everything that I knew prior to the brain injury for granted and had to relearn rudimentary tasks that had taken me a lifetime to learn. I lost them in a matter of 24 hours.

What I never thought would happen actually happened. My fear of dying reared its ugly head when I was told I had died on the way to the hospital. The choice of whether I should have children was made for me when, after my brain injury, my surgeon recommended that I not have children. After the brain injury, I began to appreciate things more. I had a new perspective on my life and learned what true love is from the kindness I was shown from my family. My husband was so loyal and extremely committed to my survival. He made me get up when I just wanted to die. He made me walk when I just wanted to give up. I try to thank him for his loyalty but he is such a humble man he simply asks me “How

could I not have helped you?” I also have siblings that helped me deal too. I’ll never know completely what my brain injury did to all of them. I think, however, we all grew some that day.

After the day of the brain injury and it was clear that I would live through the nightmare, I set off to recreate my life as someone who would more than likely never work again. I took classes to be a master gardener. I learned how to quilt, and have made at least twenty so far. I dedicated my mental energy into being the best wife ever and believe that it is my husband’s time to shine. It is his turn and he is doing very well. I started seeing a new outlook on life. Colors are brighter, relationships are sweeter and my success is no longer measured by how much money I make or what kind of position I hold at work. My success is measured by how kind I am to people and how much of myself I can give.

This is truly different than when I lived in downtown Atlanta in a high rise apartment and worked seven days a week. I do feel some survivor’s remorse, but I am happy to be alive! The guilt I feel from putting my family through so much pain is starting to lessen a bit. It has given way to thankfulness of being alive. How many people get to do a “do-over” in life? It was the worst time and the best time, because I did not die but was left with a question... How am I going to live the rest of my life? I am certain that I am most likely unrecognizable to those who knew me prior to the brain injury. Not physically, since I pretty much look the same, but emotionally. Rather, I am now a softer, kinder, less aggressive and more introspective person. And of course I still deal with painful headaches, cognitive deficits, and balance issues. But, the number of good days are becoming greater than the bad ones. For this I am happy.

“I am now a softer, kinder, less aggressive and more introspective person.”

About the Author

Jennifer White is a traumatic brain injury survivor from St. Louis, Missouri. When she’s not writing about her life as a survivor, she enjoys spending time with her family and of course, quilting.

Lights, Camera, Action!

By Cheryl Green



In 2011, I became a filmmaker without ever intending to. I have always loved movies, but I had a career as a speech-language pathologist back then. Or so I thought.

Ten days before my first speech therapy job, a serious bike crash put my career on hold. My experiences as a patient in rehab were not very positive. I didn't want to recreate them for someone else, so I left the field before starting. Also, the more people with brain injury disabilities I met, the more I enjoyed spending time with them as peers, not helping them regain

skills like I was trained to do. After rehab, I spent time with some disabled artists in Portland, Oregon and accidentally became a filmmaker.

It started with a short comedy, "*Cooking with Brain Injury*." In it, a friend and I recreated some of my problems in the kitchen. We staged a daytime cooking show where everything goes wrong.

I thought my filmmaking career would end there. But people with brain injuries started telling me they saw themselves onscreen and finally felt understood and validated for their invisible disabilities. Family members and speech therapists said I got the portrayal just right. (I always thought that was funny, since we weren't really acting. We were showing how darn hard it is to cook, pay attention, stay calm, be nice, and keep on topic.)

Bill and I had just as much trouble rehearsing as we had with cooking in real life! Excited by the support, I made a second film touching on other parts of brain injury life besides our impairments. My second comedy, "Friending with Brain Injury!" takes a hard look at loneliness, discrimination against people with invisible



disabilities, and the power of peer support. It was also hard to rehearse but well worth it. With this second film, I got more feedback from brain injury survivors that what we showed onscreen accurately reflected their real lives.

In just a few years making a variety of short films, starting a web-series, and directing a feature-length documentary on artists with brain injury called "Who Am I to Stop It," I learned something very valuable about media representation. We see brain injury onscreen in two main ways: in non-fiction documentary on the news, or in fiction (usually not very good) where a character has a brain injury that causes just the right kinds of impairments to make the movie work, no more and no less.

If only we got to choose so tidily in real life! The characters are not played by people with real world brain injury experience, the movies aren't written by the brain injury community, and most people would agree that the characters aren't accurate. Yet few people seem to show much annoyance with this. As a group, do we really think we can't step in and do better?

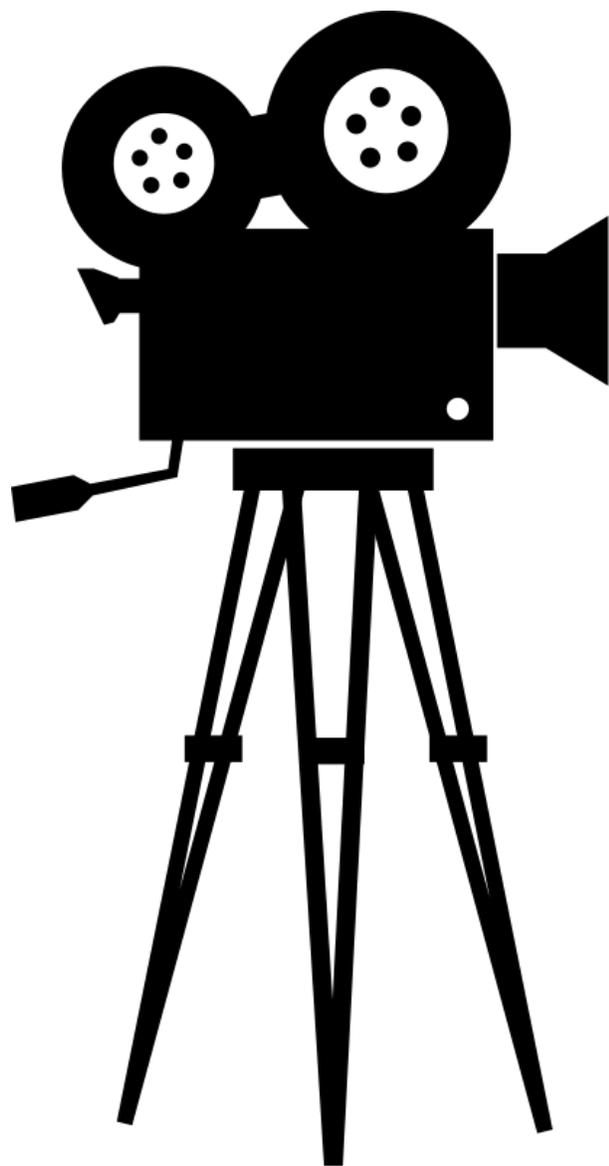
"50 First Dates" is my favorite example of a movie that shouldn't have been made without our community's input. Lucy remembers things for a whole day and then forgets it all overnight. While this type of amnesia is sort of possible, it wouldn't look much in real life like it does in the film. All the other characters use her amnesia to lie to, trick, and manipulate her, and keep her isolated from her friends and reality. In the non-disability world, we call that abuse. But since it's a brain-damaged girl, we call it "protecting her," and the film is called comedy.

Someone with a real brain injury could have performed the role much better than Drew Barrymore. She didn't seem to get it. As for documentaries, I think we need more. I believe they should be made by people with brain injury and those who know us well, since we are the ultimate experts about our own community.

This is where you come in! If you watch movies, you can make them. We live in an amazing time for media. There are so many ways for people to make and share movies whether you went to film school or not. I want to encourage you to give it a try. Maybe your first film won't be a polished, slick thing that brings in millions of dollars. But most films don't, even in Hollywood. So don't set your bar there.

Set your bar here: Make a movie and share it.

1. Make a 6-second movie with the Vine app on an Apple, Windows, or Android mobile device.
2. Film on a digital camera, computer webcam, smart phone, iPod touch, tablet, or video camera. If you have enough light in the room, your image is going to look great enough to get started. If you plan the scenes before you film them, and you stick to the plan, it won't really even need editing. (Planning is a good cognitive exercise too!)
3. Download a free video editor to reorder scenes and add fancy transitions. Apple computers come with iMovie, and Windows computers come with Windows Live Movie Maker. Tutorials are online so you can learn that software.
4. Punch it up with sounds. Find awesome free sound effects at freesound.org and free music at freemusicarchive.org.
5. Share! You can share your movie on Facebook or Instagram, for example.



It's free to get your own YouTube channel or use Google Drive or Google Plus to post movies and direct anyone with internet access to watch.

6. Accessibility: YouTube lets you create closed captions on your video after you put it up. You can also write a description of the visuals below the movie for blind people to keep up. Keep access in mind so more people can enjoy your movie.

7. Learn more: Lynda.com is one of many places online with free tutorials on making movies.

This whole movie thing is about acknowledging that you have an important perspective to share and that you are capable of sharing it, because these things are true.

Meet the Author

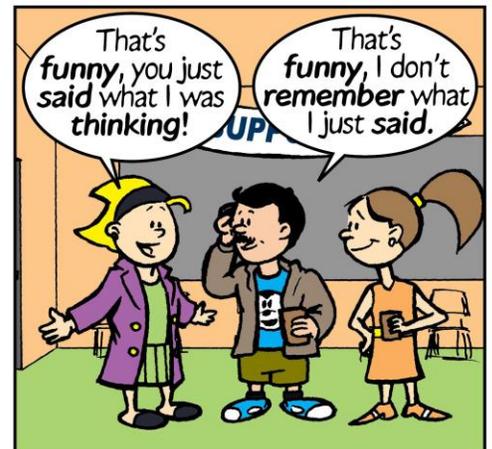
Cheryl Green, MFA, MS integrates her degrees in Performance as Public Practice and Speech-Language Pathology to explore how story can be used to break down stigma and barriers through film, podcasting, and blogging.

Welcome to the Wacky World of Cartoonist Patrick Brigham!

We have come to love our resident cartoonist. We put an idea in front of Patrick and he runs with it. What would our publication be without a “little Hope?”

Living With Hope

By Patrick Brigham



Be Sure to LIKE TBI Hope and Inspiration on Facebook!

Tips on Dealing with Change after TBI

By Jeff Sebell

Being able to adjust to the changes brought about by TBI is a key to living a fulfilled life after brain injury.

Our ability to adjust is helped if we spend just a moment to understand the changes better. We can start by breaking them down into two general types of changes we have to contend with.

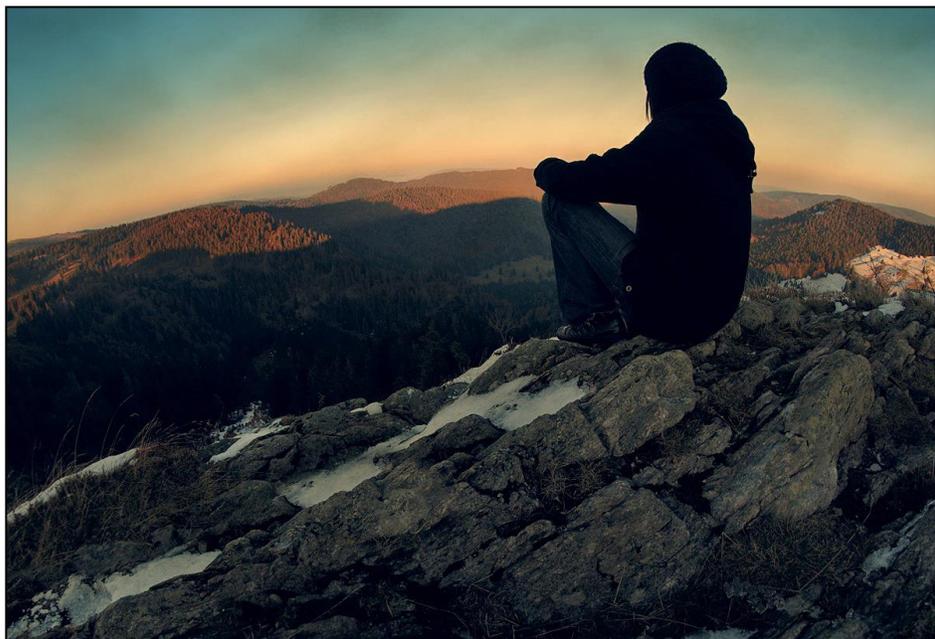
We experience direct changes. These are composed of the physical, mental and emotional changes that occur as a result of the direct damage to our brain. We deal with direct changes by taking a head-on approach: by going to physical, occupational and speech therapy.

Direct changes are the first things we must work on, the stuff that is right in front of us; the things stopping us from being able to live our life. As such, they receive priority status. Addressing them is critical to our success. There is no debate about the importance and need to address these.

As survivors, we also face indirect changes. Indirect changes are the ways our life, in general, has been affected, not so much by the TBI itself, but by how we have reacted to our TBI. They might vary from person-to-person based on how each person looks at life. In the end, they are no less important than direct changes.

While these indirect changes affect us differently, they can be overpowering and paralyzing, to the point of making other gains in our rehabilitation look pointless





because our lives can seem like a mess. These can be anything from self-esteem issues, to how we define success for ourselves, to how we worry about getting better, to wanting our old lives back. These tend to be about us as people and how we are in the world.

There is not much we can do about the direct changes, beyond continuing to work

hard in our therapies and at home. However, looking at the indirect changes, there are tangible steps we can take in our lives that make it easier to live with our new selves.

Life events are difficult enough when you are trained and prepared for them. What makes life after brain injury so challenging is that the creation of a brain injured individual is swift and sudden; there is no warning and/or time to prepare yourself for undergoing massive change. If you could only focus on the direct changes, you could just attend all your therapies. However, there's more to your life. You've got to not only learn how to walk, talk, or perform any number of physical tasks to survive, you've got to actually deal with the ramifications of how TBI has affected your life, and then live.

So, what can we do?

Many of the adjustments to our lives we make are made unconsciously, almost without us realizing it, and are made for the sole purpose of making our lives "work" after a TBI. These might fall under the category of "compensatory strategies", or actions we take in order to cope with the aftereffects of a traumatic brain injury. Examples of these sub-conscious adjustments might be: leaving things out where we can see them so we don't forget them, or developing a set routine so your life has some order.

There are conscious changes that we can make in the way we think and define things so our lives "flow smoothly." These might involve decisions you make concerning interactions with others, how you behave in certain situations, or

how you now define the meaning or importance of things in your life such as success or relationships.

Often we feel powerless after TBI, and understanding the changes that have occurred will help us live a life we are proud of. It all comes down to understanding our situation and knowing we do have the power to think differently, so we aren't stuck. We want to avoid carrying around with us the same expectations we had pre-TBI, and have them affect how we feel about ourselves and behave.

Accepting that the world is a new place for us is a big step to living a fulfilled life after TBI. Once we have done that we can move forward with how we want to define ourselves and live our life.

Most of these conscious changes involve choices you make about how you're going to interact with others, value things, and "be" in the world. These are the changes that might enable us to "not be so alone", or to feel better about ourselves. They help us find our "place" in the world and be comfortable with ourselves.

About Jeff Sebell

A long-time survivor, Jeff is the author of *"Learning to Live with Yourself after Brain Injury."* You can read more about Jeff and his journey on his blog at www.TBISurvivor.com



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Compensatory Corner

What Works for you?

We continue to offer strategies that help those impacted by Traumatic Brain Injury. Compensatory Corner is your place – by survivors, for survivors.

“My monthly support group has helped me more than anything else. We have LOTS of fun together and it’s nice to be around people with the same struggles that I have. It has come to feel more like an extended family! ~D.H.

“I’ve found that I can no longer do many of the things that I used to do. If I spend too much time looking at what I can’t do, I forget all the things I can still do. This helps me a lot. ~M.K.

“Music helps me to get centered again. Sometimes life gets too overwhelming with always so much going on. I put on my headphones and spend a little quiet time away from everything. Even a fifteen minute break like that can help make my day much easier that it was. ~ G.R.

“Reading stories by others with a brain injury makes me feel less alone.” ~ L.M.



Photography Contest

Enter to Win!

We are pleased to present our first-ever reader photo contest!

Send us your BEST SHOT.

We’d love to see pictures of you fully engaged in life as a survivor, though any photo will be considered.

Winners will be published in next month’s issue.

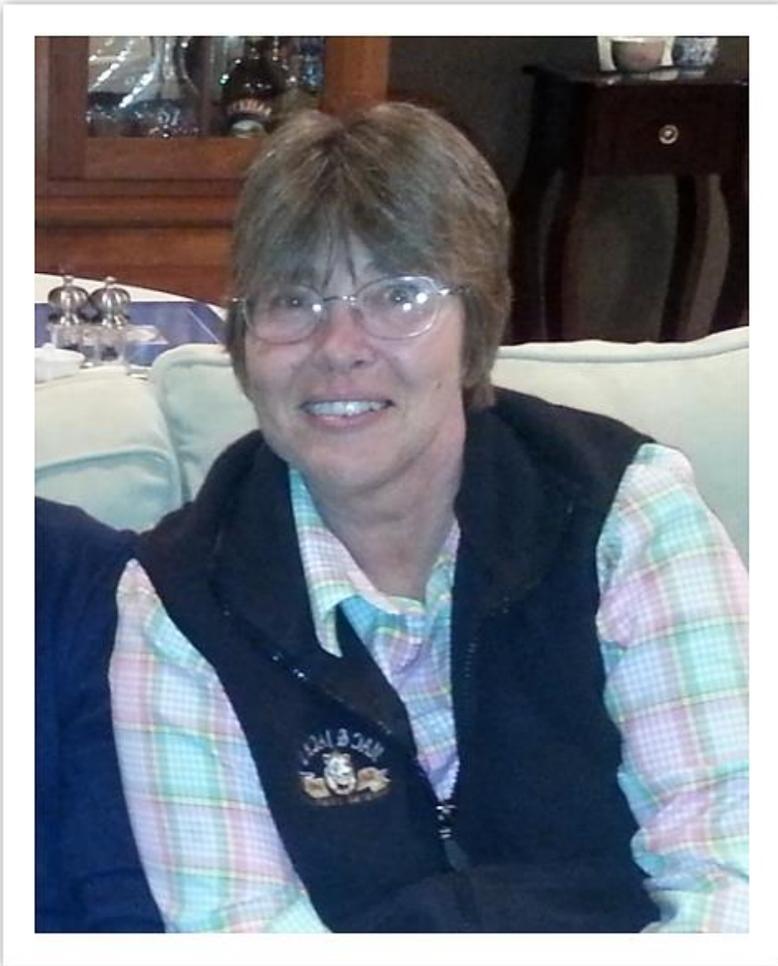
There Will Be Prizes!

Email your photo submission to photos@tbihopeandinspiration.com.

Submission deadline is 7/1/2015. One entry per reader. Copyright protected images will not be accepted.

How I Learned to Fight With my Underwear – And Win!

By Donna Hafner



Rehab... most of us Survivors, Thrivers, or Warriors (some of the various names that we choose to describe ourselves), went through some form of rehabilitation after our brain injuries. For some of us, it was in-patient. For others, it was out-patient. And a few of us were just sent home to figure it out for ourselves. Either way, we all likely had varying degrees of deficits; both physical and cognitively.

Depending on the extent of our injuries, the type and amount and intensity of our treatment could cover anything. For me, I had to learn all of the basics like sitting up without falling over, walking again, and all of the Activities of Daily Living (ADLs). I had to

relearn things like brushing my teeth, feeding myself and yes, dressing myself too.

Just take a minute here and think about all of those things that you do every day. You wake up in the morning, use the bathroom, grab a shower, make some breakfast and then get dressed. Now think about all of the different steps that it takes to do those tasks. It's not so simple if you are struggling with a brain injury. Add a limb or two that may also be affected and everything suddenly becomes 100 times harder to do. That is what most of us have had to deal with. Many of us are still dealing with these affects long after our initial injury.

Before I was released from the hospital, I had to go to an in-patient rehab for a short period of time. By this time, I was using a walker and slowly learning how to shuffle. Before they would send me home, they wanted to be sure that I could do several things independently. I needed to be able to safely walk up several stairs. This was because they had been told that I had several stairs at my home.

The staff decided to teach me how to get myself up off of the floor by myself, in case I should fall. Now that was a trick. I'd be down on all fours, scooting to a chair, trying to get to one knee so I could grab the cushion and attempt to pull myself to my feet. I didn't know then, but it was a skill that I would use many times in the coming months.

They also wanted to assess my safety in a kitchen. Did I have the cognitive skills to use a stove and not burn the place down? I was able to use a teapot, fill it with water and turn on the stove. When I made a cup of tea they checked that off of their to-do list. At the time I thought it was foolish to have me do these things. I didn't really have the insight into my own skills, abilities or injuries. I was full of bravado and certainty that I was just fine. Little did I know!



It really wasn't until they asked me to walk with them down to the Physical Therapy room, that I realized there was a problem. I've been back there to visit the place, and realized that my bedroom was only about 100 feet from the PT room. I had to make a left out of my room, walk down the corridor, and make another left. Easy-peezy. On top of it, they always had a large number of helium filled balloons tied to the entrance of the room. How hard could it be to find this room? Well let me tell you. My sense of direction was knocked out of me. It completely disappeared. My short-term memory was too short to remember the simple turn left, and turn left again directions. It was then that I realized that I really was in trouble.

But when it really hit home was when they started having me try and dress myself. There is no polite way to say this, but by that time I was annoyed with

the hovering staff. I'd been in the hospital then, two months, and everyone had been telling me what to do. I'd had my fill.

So, I made a decision that I was going to dress myself, in the privacy of my bathroom, thank you very much! Well, that was a fiasco. My left arm and leg were mostly numb. I could grasp and bear weight, but I had no real feeling in either limb. On top of that, I had a big stroke where a lot of my visual interpretation is carried out. So my vision was wacky too.

“I continued to struggle with this over the next two years. And it wasn't just underwear that I fought with.”

This showed up when I tried to put on my underwear each morning. It seems so simple, doesn't it? Ha! Hold underwear, find tag, make sure it is in the back, and then try to put each foot through each separate leg hole.

Yeah, that was the part that was nearly impossible. Because of my visual issues, I couldn't quite seem to distinguish both leg holes. So what happened is that I'd put both feet into the same leg hole. Then, I would try to stand up to pull my undies up high. You can guess what would happen. I would promptly fall down, both feet stepping on each other and my underwear stuck at my calves. I was a sight laying there trying to figure out what just went wrong. It was funny, but it was frustrating too.

I continued to struggle with this over the next two years. And it wasn't just underwear that I fought with. It was my jeans and pajama bottoms too. Anything that I needed to put each leg into separately.

I finally learned how to do it. Hold underwear out, tag in back. Check. Grab the right leg hole with both hands. Place right foot in. Check. Then, find the empty left leg hole, and slide left foot in it. Now, before you stand up, look to see if your underwear is in the right position. Is there a leg coming out of each hole? OK. Now, carefully stand and see if you can pull your undies up over your thighs. If so, it's a success. If you start to fall, sit down quickly before you topple.

We, and often our families, have stories about our early days of rehab. Some are funny, some, probably heartbreaking. I've learned to focus on the ones that give me a laugh now. Success is often possible with repetition and hard work. Here is a big thank you to all of the professionals who were there for us when

we needed your help and expertise most. You told me that I would eventually learn how to fight with my underwear and win. Thankfully, you were right.

More about Donna Hafner

Donna is a survivor in the truest sense of the word. Coming back from near death and living life as a brain injury survivor have validated why those closest to her know her by her nickname – Resilynt.

WHAT TO DO
if you think a child has **A BRAIN INJURY**

A	ASSESS THE SITUATION
B	BE ALERT FOR BRAIN INJURY SIGNS AND SYMPTOMS
C	CONTACT A HEALTH CARE PROFESSIONAL

Infographic Source: CDC

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Second Chance

By Randy Davis

If you had a second chance at life, what would you do with it?

Randy Davis, a recently Honorably Discharged Soldier of the US Army Reserves, is living proof of triumphing over tragedy. Davis is a Survivor of a Traumatic Brain Injury that almost claimed his life. He survived being shot in the head.



Randy recently completed an 8 year term of service in the US Army Reserves. He enlisted at 37 years old, going through Basic Training at Ft. Leonard Wood, Missouri. Davis's journey of being a Survivor doesn't begin here however. Prior to enlisting as a US Soldier, Davis was in and out of Law Enforcement and Private Security since the early 1990's.

Davis has served as a Deputy Sheriff in Richmond, Virginia, as a Police Officer in Norfolk, VA, and then served as a Federal Police Officer in Colorado shortly after 9/11. The unusual thing about this career is that it unfolded after Randy cheated Death.

Going back to 1984, Randy was a high school junior living in San Diego, CA. He had recently left his native Virginia to live with his father and stepmother. Growing up in rural Virginia, Randy spent his time hunting and target shooting and planned on a Military career after High School. But, fate stepped in to redirect him.

November 3rd, 1984 began as many warm autumn Southern California days do: beautiful. Randy had been roaming the forests, thickets, and woods of his native Virginia for years. He had already been in California for a few months and this was an opportunity for him to go target shooting with some schoolmates and have fun. What he didn't know was that his new schoolmates

were novices when it came to firearms.



Randy and several schoolmates went to a canyon area in northern San Diego, set up some targets and plinked until sundown. After firing several rounds into targets, the lads called it a night. Randy wanted to enjoy the wooded night air for a

few more moments, separating from the group briefly. The other teens had returned to the pickup truck that had ferried them out to the desert. About 100 yards away, Randy was climbing out of the canyon when one of the lads pulled the trigger on his .22 rifle, several times.

Randy describes what happened next, "I heard the gunshot and a fraction of a second later my head snapped back. The pain was excruciating and I tumbled over an embankment. I was howling in pain as I cradled my broken face, feeling blood pouring between my fingers."

Randy remembers looking up in the moonlight and seeing blood spurt from a hole somewhere on the right side of his face. It turns out the first bullet entered 1/4" from the right corner of his right eye, burrowing through bone, tissue, and brain matter. It came to rest in the right temporal lobe of his brain. A second bullet grazed the left side of Randy's head, just taking a chunk of flesh with it as it sped by at 1,300 feet per second.

Randy remained conscious and crawled his way up the embankment, as he describes the scene like something out of an old western. He staggered toward the headlights and found four other scared teenagers who rushed him to the

local trauma center in Escondido, CA. The battle to survive continued on that mad dash to the emergency room.

"I had been reading survival manuals and military history, planning on a Military career. I had a moment of clarity going through First Aid stuff I'd learned over my short 16 years. I realized I needed a bandage to control the external bleeding and pulled an old handkerchief from my back pocket. Then I remember thinking, 'OK I'm going into shock, what do I do for that? Oh yeah, elevate feet, head, and stay warm.' I staggered into the Trauma center at Palomar Memorial Hospital, fully conscious, covered in mud and blood, with a bullet in my brain, but ALIVE."

"Suddenly I find myself in the back of a pickup, one arm wrapped around the roll bar and the other hand held against my gushing head wound."

The survival ordeals of Traumatic Brain Injury, TBI, are not just limited to what happens at the scene of the injury but also continues once the patient is in medical care. Randy had stopped the external bleeding but was still bleeding inside the skull, intracranial, which puts pressure on the brain with nowhere for fluids to go. Emergency brain surgery was performed to remove the bullet and damaged brain matter. No one knew what the outcome would be and at 16 years old, Randy had to go into oblivion, not knowing if he would survive the surgery or not. However several hours later, God allowed Randy to return and begin starting a second chance at life.

He had a depressed skull fracture from the impact of the bullet, and now has a large dent and a question mark shaped scar on the right side of his head from surgery. The psychological and emotional aftermath of this incident was off the scales. As for the rate of the severity of Randy's injuries, one doctor described his injury as "catastrophic." At 16 years old, Randy was dealing with PTSD that was ranked off the charts as well. It would consume many years of his post-injury existence.

According to Randy, "I did my own research years later and came across a published study by the Centers for Disease Control (CDC), on TBI. The study said 'Firearm related Traumatic Brain Injuries (TBI), result in a 9:10 death ratio.' So I'm 1:10 that survived, pretty slim odds of survival."

When he turned 18, Randy went to Army recruiters, still wishing to serve his country. After telling the recruiters about his shooting, he was told, "YOU CAN'T EVEN BE DRAFTED!" So Randy wandered, lost for years, not being able to do what he wanted to do since he was a child: serve his country. Randy worked many dead end jobs over the years, still dealing with PTSD and at a loss for resources. Then, he found the National Head Injury Foundation, now the Brain Injury Association of America (www.BIAUSA.ORG), and found people who understood TBI.



With proper therapy and resources, Randy moved forward in life, going back to college, earning an Associate's Degree in Administration of Justice, magna cum laude. Randy took a job doing Security at a Nabisco factory in Richmond, VA.

Randy pursued a career in Law Enforcement seeing it as a way to still serve his Country. For several years after the shooting and his relentless pursuit of normalcy, Randy had to teach his brain to work harder and had to fail in some things in life as well in his recovery from an almost fatal shooting. He spent almost 10 years actively wearing a law enforcement uniform of some kind, both in Virginia and Colorado. But it wasn't enough, and Randy wouldn't stop until he finished something he'd started years before.

In 2005, Randy enlisted, and was accepted into the US Army Reserves. "I was 16 years old when I got shot, then 20 years later I'm shipping off for Basic Training!" He went through the Army Engineer Heavy Equipment Operator School at Ft. Leonard Wood, Missouri to do something other than Security/Police work. Randy drove trucks and heavy equipment and managed to complete 8 years of service in the Army without being shot again.

November of 2013 marked the 29th Anniversary of his surviving being shot in the head. He spent the day at his Army Unit in Denver, CO, being grateful. "I have to look at each day as a grace from God. Every day I'm still here, I've been given a second chance at life."

Now Randy works in Industrial Security in Northern Colorado. "I read a story in a local paper in the early 1990's about another TBI survivor. That led me to find the support and resources I needed to move forward in life. I want to return the favor," Davis says. "The incidents and statistics of TBI are staggering, yet public awareness is virtually nil. I want to be a face for Traumatic Brain Injury. For other TBI Survivors, don't let anyone tell you that you can't do something. It just takes time and hard work, NEVER QUIT!"

About Randy Davis

Randy is a traumatic brain injury survivor, and honorably discharged member of the Army reserves. When he's not out climbing mountains, Randy can be found helping others within the brain injury community.

Build Your Brain Strength – It's Time for a "Brainy" Word Scramble!



Word Scramble - Part of the Team

After experiencing an ABI or TBI, you may include some of these on your get-well team.

NEUGORLOSIT
SPYCHIOLOST
SERNU
ALBNMCEA
MALIFY
GRACEIVER
ORCTOD
LOUJANR
SPORTUP PROUG
DOG

Answers on Page 31

**HINT: The underlined letters are in their correct places.*

Educating Students with Brain Injury

By Dr. Katherine Kimes

How Traumatic brain injury (TBI) affects students in school

The highest incident rate of acquired brain injury or ABI directly corresponds to children in primary and secondary school settings. Despite this data, the Special Education Department still identifies traumatic brain injury or TBI as a low incident disability.

This is quite troubling, especially since schools are the primary providers of services for children after brain injury, not medical facilities. Unfortunately, school professionals seldom possess the knowledge in regards to how best to educate these students. Currently, there is little known data on how school systems are meeting the needs of this population.



Effective service coordination: The delivery of services

Effective service coordination requires strategies that link students and families with the range of needed services, supports and enrichment opportunities. It's important for parents, teachers and school professionals to understand the big picture of the education process for students with brain injury. There is a lack of collaboration and organization, which inhibits the effective coordination of services and supports.

An appropriate education, provided through effective service coordination, utilizes multiple organizations to provide effective outcomes. The in-school support should be provided on an on-going basis and change and evolve over time as students' needs change. There are many components that underscore what comprises effective service coordination.

Three of these components are discussed below:

1. IEP Process

Many parents are not aware of their rights in regards to planning their child's Individualized Education Program (IEP). Parents know and understand their child best, but after brain injury they might not always be the most practical advocate for their child. This is because they, like most teachers, do not understand the long-term implications of ABI.



This is why it is often beneficial to have a brain injury education specialist on the IEP team. This is a person who has been trained in the area of brain injury and how it relates to a child's education. Schools are legally obligated to provide this service. In addition, parents have the final say in the implementation of their child's IEP plan. They must give final approval. The school cannot do anything without parent approval.

However, parents often place too much emphasis on the role the IEP plays in their child's education. While it is a very important component, it is just one component in the overall endeavor of service coordination. The Individual Service Plan (ISP) and the Individual Transition Plan (ITP) should be used in conjunction with the IEP to coordinate successful participation in and transition within the learning process.

2. ISP Process

The Individual Service Plan (ISP) addresses the related services a child receives to help maximize the benefits of his/her education. These related services are oftentimes recorded in the IEP. These services can include:

- Physical Therapy
- Occupational Therapy
- Speech and Language Therapy
- Community/Recreational Services
- Psychological/Counseling services or
- In-school Nursing Services

The related services and supports a child receives should be coordinated within the educational setting, not isolated from a student's educational goals. This means related services should be provided within the school setting.



3. ITP Process

The Individual Transition Plan (ITP) should start prior to the student turning 14 years old. While the ITP focuses on post-secondary activities, there are actually various levels of transition within the school system.

- The first level is transition from the hospital or rehabilitation setting and integration back into the school system.
- The second level of transition is identified as the day-to-day, semester-to-semester, grade level-to-grade level, or school system-to-school system transition processes.
- The third level of transition, as addressed in the ITP, is from the school setting into post-secondary life. The particular choice of post-secondary life varies from student to student and depends on whether or not the student wants to enter the work force or continue their education.

The Individual Transition Plan (ITP) is a very important component of the overall effectiveness of service coordination. Fragmentation of the transition process at any of the three levels sets the tone for what is to come. For example, a positive, smooth transition process from the hospital to school setting creates a constructive environment for the student's immediate and future goals.

Conclusion

The key to effective and appropriate service delivery is communication. The goal of effective service coordination is to unite all parties by encouraging a

cooperative and positive relationship, so that everyone is working together and not working against one another.

Meet Dr. Katherine Kimes

Dr. Katherine Kimes has a Master’s Degree in Literary and Technical Writing from DePaul University. She also has a Master’s degree in Transition Special Education with an emphasis in acquired brain injury and a Doctorate in Special Education also with a concentration in acquired brain injury. She has worked as a CSPPPD Service Coordinator and is a Certified Brain Injury Specialist. Please visit her website, www.ABI-EdServices.com, for more information.



Infographic Source: Brainline.org

Five Things Every Brain Injury Survivor Wants you to Understand

By Amy Zellmer



1. *Our brains no longer work the same.*

We have cognitive deficiencies that don't make sense, even to us. Some of us struggle to find the right word, while others can't remember what they ate for breakfast. People who don't understand, including some close to us, get annoyed with us and think we're being "flaky" or not paying attention, which couldn't be further from the truth. We have to try even harder to pay attention to things because we know we have deficiencies.

Martha Gibbs from Richmond, VA suffered a TBI in May of 2013 after the car

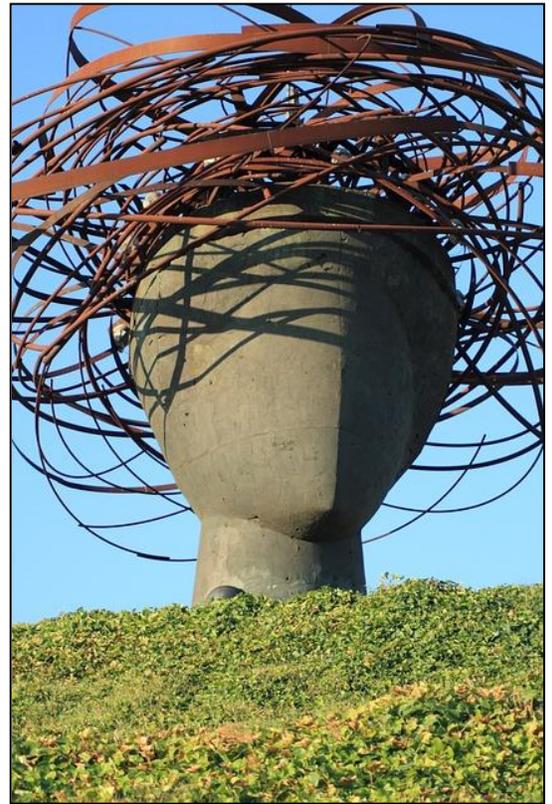
she was a passenger in hit a tree at 50mph. She sums up her "new brain" with these words: "Almost two years post-accident, I still suffer from short-term memory loss and language/speech problems. I have learned to write everything down immediately or else it is more than likely that information is gone and cannot be retrieved. My brain sometimes does not allow my mouth to speak the words that I am trying to get out."

2. *We suffer a great deal of fatigue.*

We may seem "lazy" to those who don't understand, but the reality is that our brains need a LOT more sleep than normal, healthy brains. We also have crazy sleep patterns, sometimes sleeping only three hours each night (those hours between 1-5 AM are very lonely when you're wide awake) and at other times sleeping up to fourteen hours each night (these nights are usually after exerting a lot of physical or mental energy).

Every single thing we do, whether physical or mental, takes a toll on our brain. The more we use it, the more it needs to rest. If we go out to a crowded restaurant with a lot of noise and stimulation, we may simply get overloaded and need to go home and rest. Even reading or watching television causes our brains to fatigue.

Toni P. from Alexandria, VA has sustained multiple TBI's from three different auto accidents, her most recent one being in 2014. She sums up fatigue perfectly: "I love doing things others do, however my body does not appreciate the strain and causes me to 'pay the price', which is something that others don't see. I like to describe that my cognitive/ physical energy is like a change jar. Everything I do costs a little something out of the jar. If I keep taking money out of the jar, without depositing anything back into the jar, eventually I run out of energy. I just don't know when this will happen. Sometimes it's from an activity that seemed very simple, but was more work than I intended. For me, like others with TBI's, I'm not always aware of it until after I've done too much."



3. We live with fear and anxiety.

Many of us live in a constant state of fear of hurting ourselves again. For myself personally, I have a fear of falling on the ice, and of hitting my head in general. I know I suffered a really hard blow to my head, and I am not sure exactly how much it can endure if I were to injure it again. I am deeply afraid that if it were to take another blow, I may not recover (I could die), or I may find myself completely disabled. I am fortunate to have a great understanding of the Law of Attraction and am trying my hardest to change my fears into positive thoughts with the help of a therapist.

Others have a daily struggle of even trying to get out of bed in the morning. They are terrified of what might happen next to them. These are legitimate fears that many TBI survivors live with. For many, it manifests into anxiety. Some have such profound anxiety that they can hardly leave their home.

Jason Donarski-Wichlacz from Duluth, MN received a TBI in December of 2014 after being kicked in the head by a patient in a behavioral health facility. He speaks of his struggles with anxiety: “I never had anxiety before, but now I have panic attacks every day. Sometimes about my future and will I get better; will my wife leave me; am I still a good father. Other times it is because matching socks is overwhelming or someone ate the last peanut butter cup.

I startle and jump at almost everything. I can send my wife a text when she is in the room. I just sent the text, I know her phone is going to chime... Still I jump every time it chimes.

“Grocery stores are terrifying. All the colors, the stimulation, and words everywhere. I get overwhelmed and can't remember where anything is or what I came for.”

Grocery stores are terrifying. All the colors, the stimulation, and words everywhere. I get overwhelmed and can't remember where anything is or what I came for.”

4. We deal with chronic pain.

Many of us sustained multiple injuries in our accidents. Once the broken bones are healed and the bruises and scars have faded, we still deal with a lot of chronic pain. For myself, I suffered a considerable amount of neck and chest damage. This pain is sometimes so bad that I am not able to get comfortable in bed to fall asleep. Others have constant migraines from hitting their head. For most of us, a change in weather wreaks all sort of havoc on our bodies.

Lynnika Butler, of Eureka, CA fell on to concrete while having a seizure in 2011, fracturing her skull and resulting in a TBI. She speaks about her chronic migraine headaches (which are all too common for TBI survivors) “I never had migraines until I sustained a head injury.

Now I have one, or sometimes a cluster of two or three, every few weeks. They also crop up when I am stressed or sleep deprived. Sometimes medication works like magic, but other times I have to wait out the pain. When the migraine is over, I am usually exhausted and spacey for a day or two.”

5. *We often feel isolated and alone.*

Because of all the issues I stated above, we sometimes have a hard time leaving the house. Recently I attended a get together of friends at a restaurant. There were televisions all over the room, all on different channels. The lights were dim and there was a lot of buzz from all of the talking.

I had a very hard time concentrating on what anyone at our table was saying, and the constantly changing lights on the big screens were just too much for me to bear. It was sensory stimulation overload. I lasted about two hours before I had to go home and collapse into bed. My friends don't see that part. They don't understand what it's like. This is what causes many of us to feel so isolated and alone. The "invisible" aspect of what we deal with on a daily basis is a lonely struggle.

Kirsten Selberg from San Francisco, CA fell while ice skating just over a year ago and sustained a TBI. She speaks to the feelings of depression and isolation so perfectly: "Even though my TBI was a 'mild' one, I found myself dealing with a depression that was two-fold. I was not only depressed because of my new mental and physical limitations, but also because many of my symptoms forced me to spend long periods of time self-isolating from the things -- like social interactions -- that would trigger problems for me. With TBI it is very easy to get mentally and emotionally turned inward, which is a very lonely place to be."

Meet Amy Zellmer

Amy Zellmer is a writer, photographer, coach, and TBI survivor. Located in Saint Paul, MN she is a regular contributor for the Huffington Post. She enjoys traveling the country with her Yorkie named Pixxie. She loves chocolate, Miss Me jeans, Starbucks, and everything glittery and sparkly.

Word Scramble Answers

1. Neurologist
2. Psychologist
3. Nurse
4. Ambulance
5. Family
6. Caregiver
7. doctor
8. journal
9. support group
10. God

Thank You!

Thank you for being part of the TBI Hope and Inspiration family. We have become one of the fastest growing publications worldwide that serves the traumatic brain injury community.

